Meeting Date	**23 March 2021**	**Agenda Item**	**3.1**
Report Title	**Enhanced management of the clinically optimised patient group within SBUHB**		
Report Author	Alison Gallagher-Service Group Manager Patient Flow Helenna Jarvis Jones – Head of Nursing -Corporate		
Report Sponsor	Craige Wilson – Deputy Chief Operating Officer		
Presented by	Chris White-Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to present the Committee with an update on the clinically optimised patient group within the Swansea Bay University Health Board. The paper describes the actions in progress to improve understanding of this patient group aimed at reducing the number of clinically optimised patients occupying beds within the Health Board.		
Key Issues	• The clinically optimised patient position remains relatively static at circa 150 patients • There is evidence of improved patient flow into the residential rehabilitation bed pool within Bonymaen House. • The movement away from the 'medically fit' terminology to 'clinically optimised' and 'discharge/transfer fit' can be accommodated in SIGNAL and will improve the understanding and reporting of this patient group. • A point of prevalence study involving senior managers from both health and local authority has been undertaken and a report on the findings will be presented to the Health Board COVID Operational Silver meeting.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	x	☐	☐
Recommendations	Members of the Committee are asked to: **NOTE** the contents of the paper and the work in progress to reduce the number of clinically optimised patients occupying in-patient beds within the Health Board.		

ENHANCED MANAGEMENT OF THE CLINICALLY OPTIMISED PATIENT (COP) GROUP WITHIN SBUHB

1. INTRODUCTION

This report sets out the number of patients deemed clinically optimised within the Health Board and ready to move onto the next pathway step in their care journey within SBUHB. The report also provides insight into some of the operational challenges associated with expediting the pathway of patients that fall within this category and describes the actions taken to address these constraints.

2. BACKGROUND

The pre-COVID clinically optimised patient position within the Health Board was high at approximately 280 patients at any time occupying acute hospital beds. During the first wave of the pandemic, a working group made up of health and social care teams focussed on clearing the backlog of clinically optimised patients, a total of 238 patients.

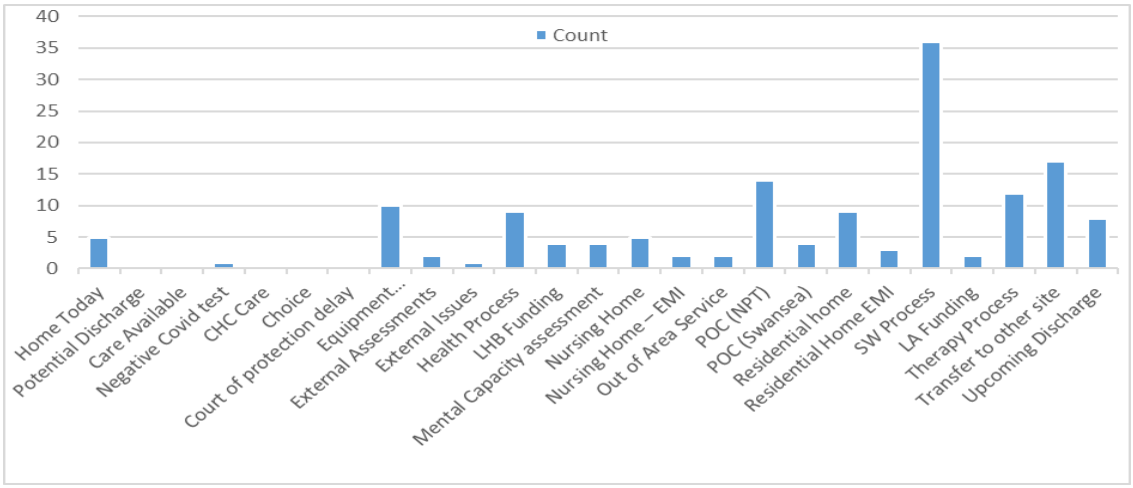
The number of patients deemed 'clinically optimised' have not reached the pre-COVID number and this sustained reduction is to be noted. However, the number of patients who are clinically optimised has increased following the first wave of the COVID pandemic and has plateaued at circa 150 patients.

The baseline reported position to inform the current programme of work associated with the clinically optimised patient group is 147 and any future variation will be reported against this figure.

This paper details the current number of clinically optimised patients and provides information into the reasons why patients remain in hospital. It also details the multiple strands of work in progress to better understand this patient group and alternative pathways required to reduce the burden on the acute hospital bed pool.

3. POSITION AS AT WEDNESDAY 10TH MARCH 2021:

A breakdown of the clinically optimised patients as at Wednesday 10th March 2021 extracted from the SIGNAL system:



The above table is numerically represented in Appendix 1.

4. CURRENT PARTNERSHIP WORKING TO IMPROVE THE CLINICALLY OPTIMISED PATIENT POSITION:

Bonymaen House

There has been a marked improvement in the flow of patients to the commissioned bed pool of 14 beds within Bonymaen House over the last three week period with full occupancy. This has been achieved in partnership with local authority colleagues through a revision of the access criteria, greater focus on the pathway by the Community Discharge Liaison Team and reinforcement of the pathway during the weekly clinically optimised patient review meetings.

Work is now in progress to develop a proposal to extend the community bed base within Bonymaen House to support the Discharge to Recover and Assess model advocated by WG. The Primary and Community Care Service Group are working in partnership with Local Authority colleagues and are being supported by corporate nursing to explore the opportunities that exist in Bonymaen House to improve the pathway of patients, which fit within the Hospital to Home pathways for residential care provision. This proposal will serve to accelerate the pathway of these patient groups who experience an extended length of stay in the acute beds within Swansea Bay hospitals. The key aims of this work programme are to:

- Maximise the current bed pool available within Bonymaen House.
- Explore extending the bed pool within Bonymaen House to support patients requiring assessment for residential home placement.
- To review the workforce model required to enable safe assessment, care and management of this patient group in Bonymaen House.

Operationalising the Clinically Optimised patient proposal & SOP

A proposal to improve the data capture, reporting and management of the clinically optimised patient group was supported via Operational Silver Group. Work is in progress to develop a standardised terms of reference and

leadership model for the site based clinically optimised weekly review meetings.

The proposal set out a requirement to change the SIGNAL platform to underpin the revised terminology and reporting arrangements. The proposed changes will be submitted to the SIGNAL User Group for authorisation and approval.

There is a plan to implement SIGNAL V3 in Quarter 1, 2021/22 which will have both improved functionality and connectivity with other systems. This provides an opportunity to further refine the capture and reporting of the clinically optimised patient group.

A workshop is planned for 15 March 2021 with health and social care representatives, informatics, SIGNAL project leads and front line staff to understand the opportunities that exist with the upgraded system in terms of capture, reporting and monitoring of clinically optimised patients.

Point of Prevalence Study: 23/24 February 2021:

A point of prevalence study was undertaken of the clinically optimised patients on the 23 and 24 February 2021. Senior Managers from both Health and Local Authority joined the Service Group Clinically Optimised Patient review meetings to explore the recorded reasons for patients being in the beds in the SIGNAL system. The purpose of the review was to determine what alternative setting the patient could be placed in rather than occupying a hospital bed, this including home, care home, step-down beds.

A full report with the key findings and the recommendations (below) will be presented to Operational Silver Group meeting and the Community Silver group, both of which have senior Local Authority representation to determine the next course of action.

- Update SIGNAL with version 3 to incorporate learning from the point prevalence audit and internal audit discharge action plan.

- Implement a 7 day multiagency system wide discharge team. This will require a resource impact assessment for nursing, therapies and local authority social workers.

- Impact assess capacity and service provision to meet pathway needs particular for Hospital to Home Pathway 2. The Hospital 2 Home review will need to inform this requirement and plan. The re-ablement model within the Heath Board needs to be defined and designed, the potential to enhance utilise this within Gorseinon and Neath Port Talbot needs to be impact assessed. Care home provision to support patient needs on Pathway 4 need to be realigned.

5. RECOMMENDATION

The members of the Health Board Performance and Finance Committee are asked to note the contents of the report.

APPENDIX 1

Numerical breakdown of the clinically optimised patient group by 'reason in bed'.

Data Source: SIGNAL

Reason in Bed	Count
Home Today	5
Potential Discharge	0
Care Available	0
Negative Covid test	1
CHC Care	0
Choice	0
Court of protection delay	0
Equipment (equipment/adaptations?)	10
External Assessments	2
External Issues	1
Health Process	9
LHB Funding	4
Mental Capacity assessment	4
Nursing Home	5
Nursing Home – EMI	2
Out of Area Service	2
POC (NPT)	14
POC (Swansea)	4
Residential home	9
Residential Home EMI	3
SW Process	36
LA Funding	2
Therapy Process	12
Transfer to other site	17
Upcoming Discharge	8